

Name in Full

Certificate of Death

William Henry Bish
 Town County

Died at Robert Stevens Carroll

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	March	14	3			Pa	
Male	White	Married			Widow	Divorced	
Female	Colored	Single			Widower	Number of children living	

Husband
 of
 Wife

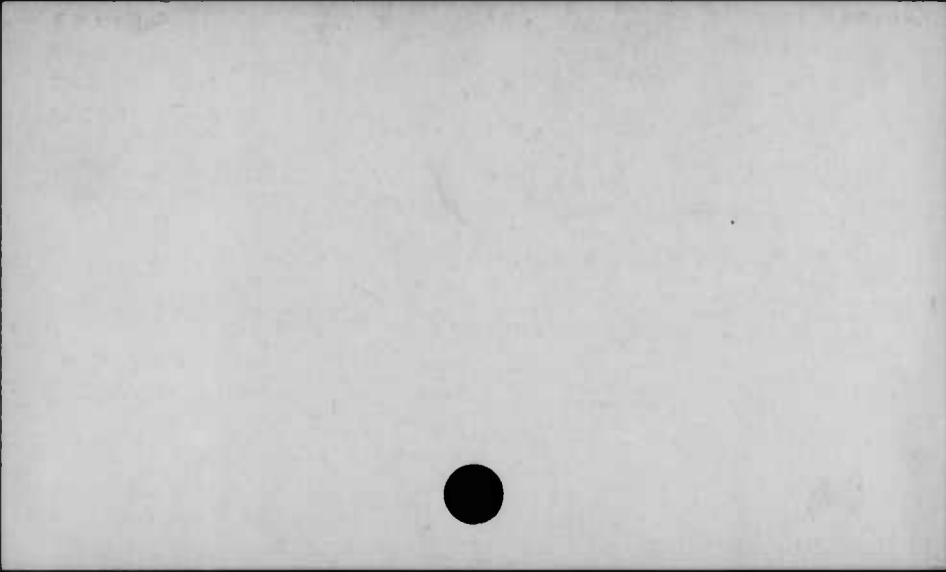
Father's Name Horatio Bish Mother's Maiden Name Amelia Fisher

Cause of Death	Primary	Measels	How long sick Two weeks
	Immediate	Pneumonia	
			Accident, Suicide, Homicide

Reported by Dr J J Stewart

Address Union Mills Pa

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Eliza Ann Byers

Town

County

Died at

New Windsor Carroll

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

3 9

Age 43 4 2

Md Household

White

Married

Wid

Divorced

Female

Number of children living

7

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Wm. Byers

Joshua Grimes

Liza Grimes

Primary To. Griff

Immediate Cerebral Hemorrhage

How long sick

1 week

Accident, Suicide, Homicide

E D Cook M.D.

Winfield Carroll Co.



Name In Full

Certificate of Death

218 *Frederick H. Byers*
 Died at *Union Bridge* Town *Carroll* County *MARYLAND*

Date 19 *02* Month *3* Day *26* Y. M. D. Age *65* Native of *Carroll Co* Occupation *Carpenter*
 Male *White* Married *Widow* Divorced *Number of children living 4*
 Female *Colored* Single *Widower*

Husband of *Raman Byers*
 Wife.

Father's Name *John Byers* Mother's Maiden Name *Elizabeth Myrdy*

Cause of Death { Primary *Pneumonia* How long sick *1 week*
 Immediate *20* Accident, Suicide, Homicide

Reported by *W. Lurbin Brown M.D.*

Address *Union Bridge*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



213 John Cane

Town

County

Died at

MARYLAND

near Westminster Carroll

Date 1902 - 3 - 18 Age 42 - 4 - 3 - md Laborer

Male ~~White~~ Married ~~Widow~~ Divorced

~~Female~~ Colored Single Widower Number of children living

Husband
of
Wife

Father's Name Rubie Cane

Mother's

Name

Cause of Death { Primary Dropsy

Immediate Heart Disease

How long sick 4 months

Accident Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Colored Secretary

Sophia Jane Cantwell

Town

County

Died at

Winfield Carroll MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~

Widower

Number of children living one

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

How long sick

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



(Infant)

MARYLAND

Name in Full

Wear Pancytown

Town

Carroll

County

Date 1902-3-6

Month

Day

Y. M. D.

Native of

Occupation

Male

White

~~Married~~

~~Widow~~

~~Divorced~~

~~Female~~

~~Colored~~

~~Single~~

~~Widower~~

~~Number of children living~~

Husband

of

Wife

Father's

Name

Albert Clabough Margaret E. Clabough

Mother's

Name

Cause of

Primary

Unknown Stillborn

Death

Immediate

Accident, Suicide, Homicide

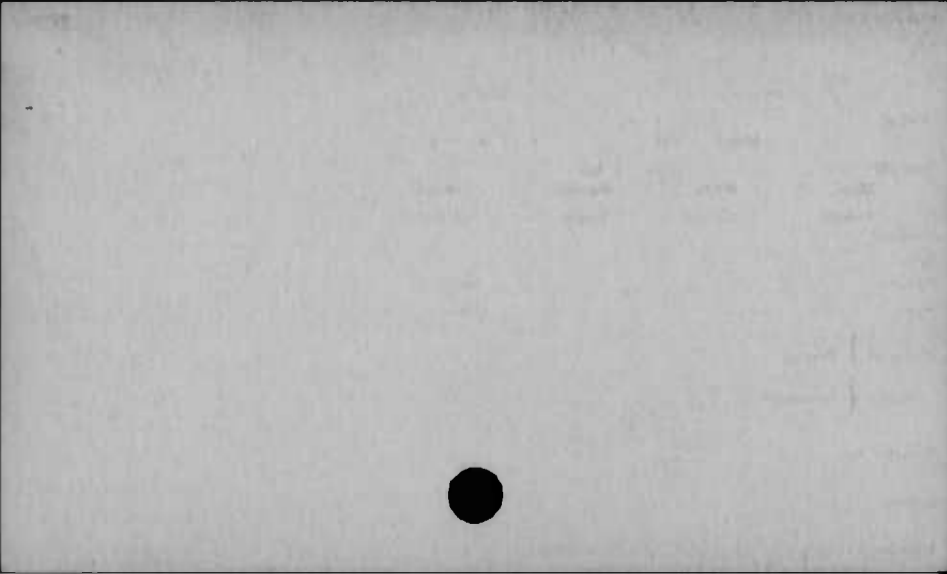
Reported by

G. H. Series

Address

Pancytown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

212 John W. Clark

Town

County

Died at

Westminster

Carroll

MARYLAND

Date	1902	Month	3	Day	7	Y.	M.	D.	Age	69.3-4	Native of	md	Occupation	Retired
	Male		White		Married					Widow		Divorced		
	Female		Colored		Single					Widower		Number of children living		

Husband
of
Wife

Ellen Clark

Father's
NameMother's
Name

Cause of

Primary

Pneumonia

How long sick

6 days

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Chas R Foutz MD.

Address

Westminster, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUPEAU 70706

Kridess cemetery

Name in Full

Certificate of Death

Dennis Cleunson

67

Town

County

Died at near Union Bridge

Carroll

MARYLAND

Date 1902 Mar 18 | Age 83-3-18 | Maryland Retired Farmer
 Male White Married Widowed Divorced
~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 2

Husband of

Joanna Simpson

Father's

Name

James Cleunson

Mother's

Maiden Name

Mary Howard

Cause of

Primary

Dropsy

Death

Immediate

Cardiac Dropsy

How long sick

2 years

~~Accident, Suicide, Homicide~~

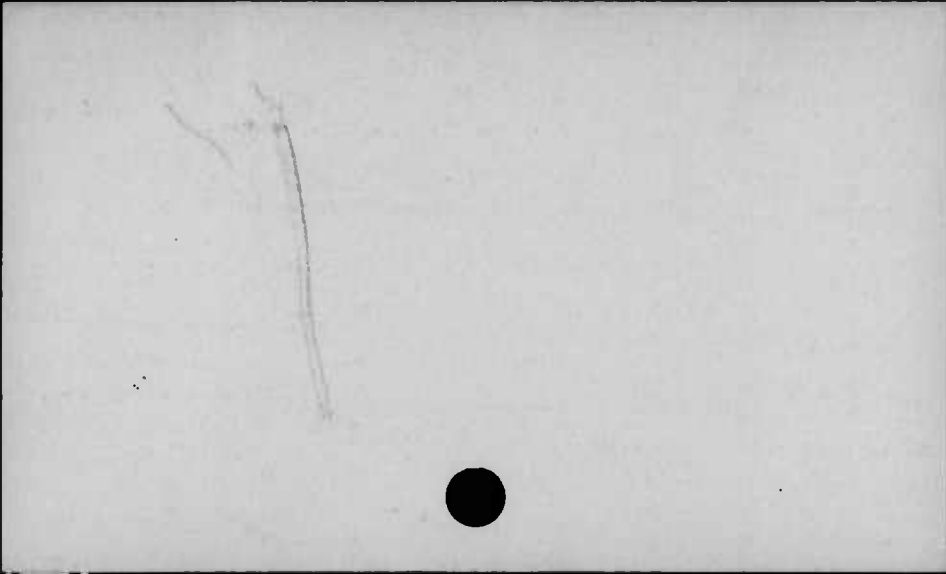
Reported by

James Watt M.D.

Address

Union Bridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mrs *Cornell*
 Died at *New Windsor* Town *Carroll* County MARYLAND

Date 1902 *3* Month *2* Day Age *40* Y. M. D. Native of *Ma* Occupation
~~Male~~ White Married ~~Widow~~ Divorced
 Female Colored Single ~~Widow~~ Number of children living *2*

Husband of *John Cornell*
 Wife
 Father's Name Mother's Name
 Maiden Name

Cause of Death { Primary Immediate *Appendicitis - exhaustion* 118
 How long sick *3 weeks*
 Accident, Suicide, Homicide

Reported by *G. P. Baile*Address *New Windsor* *Ma*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

John W. Braumier

Town

County

MARYLAND

Died at

Westminster

Carroll

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

March

4

Age

64-1

-

Maryland

Laborer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

9

Husband

of

~~Wife~~

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Broken back: (fell from tree

How long sick

3 hours

Death

Immediate

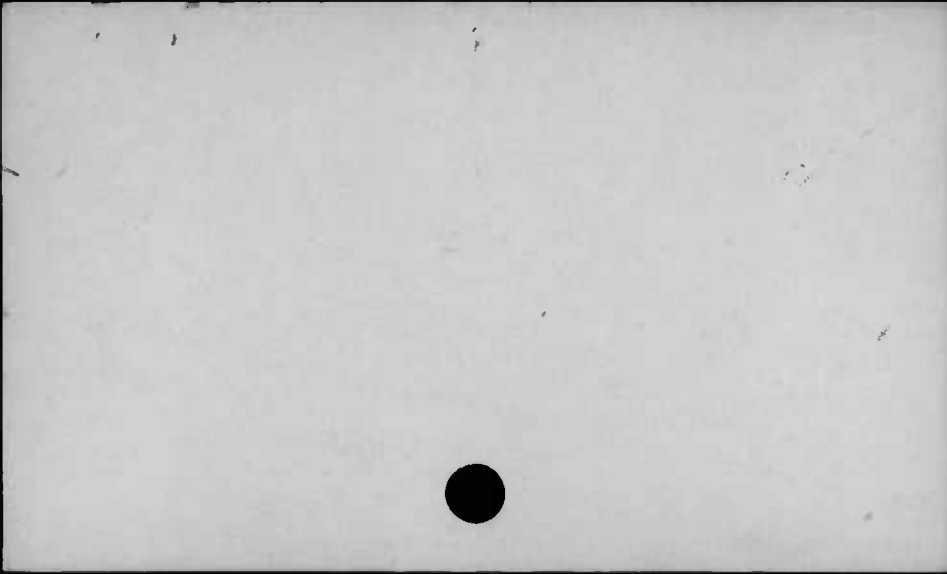
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Certificate of Death

53

Date		Month	Day	Y.	M.	D.	Native of	Occupation
1922		May	22	63	10	3	Michigan Co.	Farmer
Male	White	Married		Widow		Divorced		
Female	Colored	Single		Widower		Number of children living		

Father's Name David Ecker Mother's Name Mary Ecker

Cause of	Primary	Rheumatism	How long sick	10 or 12 hours
Death	Immediate	Paralysis, Cardiac	Accident, Suicide, Homicide	

Reported by *Dr. J. Watt*
Address *Union Bridge MS. 47*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name In Full

Certificate of Death

Fannie L. Elseroad

Town

County

MARYLAND

Died at

Patterson

Corroll

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Mar 23

Age 24

M.

House wife

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Five

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Pneumonia

How long sick

2 weeks

Death

Immediate

Home

Accident, Suicide, Homicide

Reported by

H. D. Wells M.D.

Address

Western Shore

137

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 72892



Name in Full

Certificate of Death

Charles Erb
 Town County

Died at *Union Mills* *Small* MARYLAND

Date *1902* Month *3* Day *1* Age *43* Y. M. D. Native of *Maryland* Occupation *Lumber*

Male White Married Widow Divorced
 Female Colored Single Widower Number of children living *2*

Husband of *Susan Erb*
 Wife
 Father's Name *Samuel Erb* Mother's Maiden Name *Maudie Stone*

Cause of Death { Primary *Gastritis* Immediate *Gastritis* } How long sick *10* Accident, Suicide, Homicide

Reported by *J. J. Stenmet*
 Address *Union Mills Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Emanuel Erb

Erb

Died at

Town

Kump

County

Seacroft

MARYLAND

Date

1902

Month

Day

3-19

Age

Y.

M.

D.

70 2-18

Native of

Occupation

Laborer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

2

Husband

of

Alice S. Erb

Father's

Name

Mother's

Name

10

Cause of

Primary

La Grippe

How long sick

7 days

Death

Immediate

Accident, Suicide, Homicide

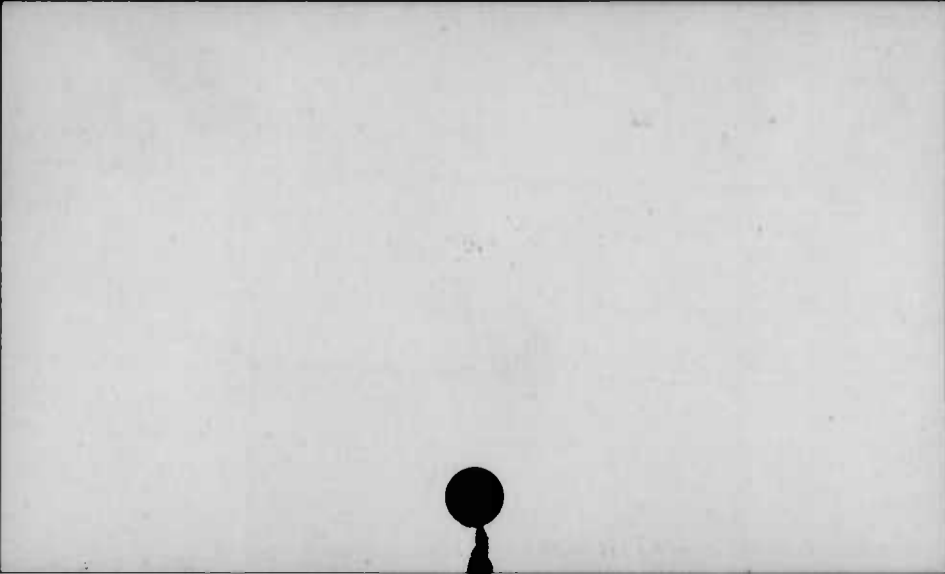
Reported by

O. W. Weaver

Address

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY-BUREAU, 79706



Name in Full

Certificate of Death

Calvin Thomas Forsythe

Town

County

Died at Sykesville

Carroll

MARYLAND

Date 1902 Month Mar Day 17 Age 50 Y. 5 M. 11 D. Native of Md Occupation Bldg Engineer
 Male White Married Widov Dr ~~Female~~
~~Female~~ Colored Single Widower Number of children living

Husband of ~~X~~ ~~at~~ ~~L~~
 Wife ~~L~~
 Father's Name John Thomas Forsythe Mother's Name Margaret Ann Forsythe

Cause of Primary Thoracic Aneurysm How long sick 16 mos

Death Immediate Rupture of Sac - Clot around Heart Accident, Suicide, Homicide

Reported by Daniel B. Specker Md

Address 81 Sykesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

John Geger
 Died at New Windsor Carroll MARYLAND
 Town County
 Date 19 02 Month 3 Day 23 Y. 76 M. 10 D. 21 Native of Ma Occupation Farmer
 Male White Married Widow Divorced
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

Husband of _____
 Wife _____

Father's Name _____ Mother's Name _____
 Maiden Name _____

Cause of Death { Primary Old Age 154 How long sick 11 days
 Immediate Pneumonia Accident, Suicide Unintended

Reported by C. P. Baile

Address New Windsor Ma

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Hollus Rebecca Gibson

Town

County

Died at

Gist

Carroll

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Mch.

2

Age

2, 15

Md

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widow~~~~Number of children living~~~~Husband~~ of~~Wife~~Father's
Name

Albert Gibson

Mother's

Maiden Name

Lizzie Gibson

Cause of

Primary

Whooping Cough

How long sick

2 weeks

Death

Immediate

Heart Failure

~~Accident~~, Suicide, Homicide

Reported by

J. P. Walz & Son Undertakers,

Address

Springfield Carroll Co., Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name In Full

Certificate of Death

Lannington Grosbeck
 Town County

Died at *Hampstead Carroll* MARYLAND
 Month Day Y. M. D. Native of Occupation

Date 19 *02* *3* *28* Age *74.9.9* *Mid* *Labors*
 Male White Married ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *0*

Husband of *Elizabeth E. Lannington*
 Wife
 Father's Name *E. Lannington* Mother's Name *E. Lannington*
 Maiden Name

Cause of Death { Primary *Grippe* Immediate *Rheumatism, Hæmiplegia*
 How long sick *10* *3 weeks*
 Accident, Suicide, Homicide

Reported by *Edgar M. Brush M.D.*

Address *Hampstead Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date

~~Male~~

Female

~~Married~~

Wife

Father's

Name

Cause of

Death

Reported by

Address

Town

County

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

Age

Married

~~Widow~~~~Blind~~

Single

~~Widower~~

Number of children living

6

of

Mother's

Name

How long sick

Primary

Immediate

~~Accident, Suicide, Homicide~~

* be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Gambes

Name in Full

Certificate of Death

52

Luther Brown

Town

County

MARYLAND

Died at

Union Bridge Carroll

Date 19

02

Month

Day

Y.

M.

D.

Native of

Occupation

3 11

Age 24.3 4

Carroll Co

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Fred Brown

Mother's
Maiden Name

Ella Lunsford

Cause of

Primary

Non closure of

How long sick

24 days

Death

Immediate

foramen ovale

Accident, Suicide, Homicide

Reported by

H. L. Lunsford Brown M. L.

Address

Union Bridge

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

214 *Sadie M. Heagy*

Town

County

Died at *near Frieselburg* *Carroll*

MARYLAND

Date 19	Month	Day	Y.	M.	D.	Native of	Occupation
02	mar	8	19	13		Ind	Housewife
Male	White	Married				Widow	
Female	Colored	Single				Widower	Number of children living

Husband of *Harris Heagy*
 Wife
 Father's Name *Est. Taylor* Mother's Maiden Name *Elen Matthews*

Cause of Death { Primary Immediate } *apoplexy*
 How long sick *lat*
 Accident, Suicide, Homicide

Reported by *Jacob R. R. R. M.D.*
 Address *Frieselburg Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Meadow Branch

Name in Full

Certificate of Death

Margareh Ann Hiteshne

Town

County

Fameytown

Carroll

MARYLAND

Died at

Date

1902

Month

Day

March 12

Age

70. 8. 4.

Y

M.

D.

Native of

Maryland

Occupation

House Keeper

White

~~Married~~~~Widow~~~~Single~~

Female

~~Male~~

Single

~~Widow~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Israel Hiteshne

Mother's

Name

Harrieh Hiteshne

Cause of

Primary

Pulmonary Tuberculosis

How long sick

One year

Death

Immediate

Exhaustion

Reported by

George T. Matter, M.D.

Address

Fameytown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708



Name In Full

Certificate of Death

Andrew Hoffman
 Died at ^{Town} *Laurier* ^{County} *Camille* MARYLAND

Date 19 *02* Month *2* Day *28* Age *51* Y. M. D. *-* Native of *Ind* Occupation *Laborer*
 Male ☒ White ☒ Married ☒ Widow ☐ Divorced ☐
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living *None*

Husband of *—*
 Wife

Father's Name *93*
 Mother's Maiden Name

Cause of { Primary *Pneumonia* How long sick *2 months*
 Death { Immediate *Lung Trouble & Dropsy* Accident, Suicide, Homicide
M. L. Batt

Reported by

Address

Westminster
Ind
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Walter J. Hoffman

Died at

Westminster Carroll

MARYLAND

Date 1882

March 2

A

2-7

D.

Native of

Md

Occupation

Male

White

Married

Widow

Engaged

~~Female~~~~Colored~~

Single

~~Widow~~

Number of children living

0

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Paralytic

Death

Immediate

Constitutional

How long sick

Accident, Suicide, Homicide

Reported by

Mrs. S. Mathias

Address

Westminster

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 18706



Name in Full

Certificate of Death

Rulli Cumberland Houseman

Town

County

Died at Greenwood

Carroll

MARYLAND

Date 1902 Month 3 Day 3 Y. 1 M. 10 D. Native of Pa Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of _____
 Wife

Father's Name J. M. Houseman Mother's Maiden Name Ella J. Keener

Cause of Death { Primary Scarlatina Maligna } How long sick
 { Immediate } Accident, Suicide, Homicide

Reported by J. H. Sherman M.D.

Address Manchester Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Nikki Alex

211

Died at Westminter

County Carroll

MARYLAND

Date 1902 3. 4 - Y. 16 - M. 4 - D. ma - Native of Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Father's Name John Alex

Mother's Name Ada Fisher

Cause of Death Primary Immediate

Orbitation Convulsion

How long sick 4 days

Accident Suicide Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Castroville cemetery

Name in Full

Certificate of Death

Elizabeth Kiser

Town

County

Yancy town

Carroll

MARYLAND

Died at

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

March 25

Age

46

7

15

Md

Housewife

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

2

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Jacob Kiser

Stephen Smith

Hitchman

Cause of

Primary

Grip

10

How long sick

3 weeks

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

J. J. Griffin M.D.

Address

Yancy town



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

256 Georgiana Matthews
 Town County

Died at Rebeck Carroll MARYLAND

Date 1902 March 2 Age 20 - - Maryland
 Male White Married Widowed Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name Nelson Matthews Mother's Name Sophia Rhodes

Cause of Death Primary Immediate Consumption
 How long sick 6 months
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Janet H Nail

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Silver Run

Linnell

March 4th

Age

83-8 8

Maryland

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living 4

Husband of

Nathan Nail

~~Wife~~

Father's

Mother's

Name

Maiden Name

Cause of

Primary

154

How long sick

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

Dr J J Stewart

Address

Miner Mills Rd

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79004



Name in Full

208 Louise Negrin

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

Age

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

one

Husband of

Wife

Father's

Name

Mother's

Maiden Name

How long sick

Cause of

Primary

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Cora. T. Ogle

56

Town

County

MARYLAND

Died at Union Bridge Carroll

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

3

24

Age

53

Md.

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

0

Husband

of

Frank M. Ogle

Father's

Name

Joseph H. Lance

Mother's

Maiden Name

Cause of

Primary

Paralysis

How long sick

1 day

Death

Immediate

66

Accident, Suicide, Homicide

Reported by

Dr. J. Hatt

Address

Union Bridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895



2¹⁷ *Ms. A. E. Roderick*

Town

County

Died at *Westminster* *Carroll*

MARYLAND

Date 1902 *Mar 23* Month Day Y. M. D. Age *51-1--* Native of *Pa.* Occupation *—*~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

3

Husband of

Wife *—*Father's Name *Richard Philo* Mother's Name *Harriet Parch*Cause of Death { Primary *General Debility*
Immediate *Exhaustion*

How long sick

about 6 weeks~~Accident, Suicide, Homicide~~Reported by *Chas. R. Foutz, M.D.*Address *Westminster, Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Charleston

N. Va

Name in Full

Certificate of Death

William Watson Schaffer

Town

County

Died at

MARYLAND

Month Day Y. M. D. Native of Occupation
 1902 May 27 40 217 Md Laborer

Date 189

Male

White

~~Black~~~~Widow~~~~Divorced~~~~Single~~~~Married~~~~Single~~~~Married~~

Number of children living

Husband
of

Wife

Father's Name
 Daniel Schaffer

Mother's Name
 Annie Schaffer

Cause of Death { Primary Immediate
 Virscular Encephalitis
 How long sick 6 days
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79786



Name in Full

Certificate of Death

Ruth Anna Sell.

Town

County

Died near Janytown

MARYLAND

Date 1902 Month 3 Day 11 Y. M. D. Native of Occupation

Female White Single Widowed Number of children living

Husband of Daughter

Father's Name Levi Sell

Mother's Name Flora J. Sell

Cause of Death Primary Immediate Meningitis Tuberculosa

How long sick 5 days.

Accident, Suicide, Homicide

Reported by W. W. Weaver

Address Janytown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70700



Name in Full

Certificate of Death

Larkin
~~Horace Larkin~~ Shipley

Town

County

Died at

MARYLAND

Date 19 02

Month

Day

Y.

M.

D.

Native of

Occupation

3

3

Age

86

4

24

Md.

Farming

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

12

Husband of

Father's Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Sudden death

Heart Failure

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

~~214~~ *Lidia Taylor*
 Town County

Died at *Tannery*
 Month Day

Y. M. D.

Native of

Occupation

MARYLAND

Date 19 *02* *March* *12* Age *83-2* *13* *Maryland*

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Leiston's

Name in Full

Certificate of Death

Charles H. Tucker

Died at ^{Town} Sykesville^{County} Carroll

MARYLAND

Date 1902 ^{Month} Mar ^{Day} 23Age ^{Y.} 70 ^{M.} - ^{D.} 8

Native of

Md

Occupation

Blacksmith

Male

White

Married

~~Widower~~

Divorced

Female

Colored

Single

Widower

Number of children living

One

Husband
Wife

of

Elizabeth A Tucker - deceased -

Father's
Name

Richard Tucker

Mother's
Name

Mary Tucker

Cause of

Primary

Alcoholism

How long sick

not at all

Death

Immediate

Paralysis of Heart

Accident Suicide Homicide

Reported by

Daniel B. Sprucker M.D.

Address

Sykesville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Town *Mary Ellen Wheeler*
County *Gist Carroll*

Died at

MARYLAND

Date *1902* Month *3* Day *7* Y. *86* M. D. Native of *Md.* Occupation *Household*
White *Married* *Widow* *Divorced*
Female *Color* *Sex* *Height* Number of children living

Husband of *John Wilson*
Wife *Phelops Wilson*
Father's Name *John Wilson* Mother's Name *Phelops Wilson*

Cause of Death *Primary* *Sudden*
How long sick *Sudden*
Death *Immediate* *Old Age* *Accident, Suicide, Homicide*

Reported by *J.P. Walz & Son, Undertakers*
Address *Winfield Carroll Co., Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

210 *Prie Wilson*

Town

County

Died at

*Westminster**Carroll*

MARYLAND

Date *1902* , *3* , *4* Y. M. D. Native of Occupation

Male ~~Female~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband
of
Wife

Father's
Name

Cyprian Wilson

Mother's
Name

Susan Squirrel

Cause of

Primary

Catarrh Fever

How long sick

2 weeks

Death

Immediate

Heart Failure~~Accident, Suicide, Homicide~~

Reported by

Chas R Fougus

Address

Westminster Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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colored Cemetery

Name in Full

Certificate of Death

Mary C. Yoos
 Town County
 Died at Morgan Carroll MARYLAND

Date 1892 3-30 Age 63 1/2
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of Adam Yoos
 Wife
 Father's Name Gustavus Murrell Mother's Name Amanda Murrell

Cause of Primary Abdominal Tumor How long sick
 Death Immediate Cardiac by exhaustion Accident, Suicide, Homicide

Reported by E. D. Cronk M. D.
 Address Winfield M. D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Joshua David Young ✓
 Town Taylorville County Carroll

Died at

MARYLAND

Date 1802 Month Mar Day 31 Y. 63 M. 26 D. 26 Native of Maryland Occupation Carpenter
 Male White Married Widow Divorced Widower Number of children living six
~~Female~~ ~~Colored~~ ~~Single~~

Husband of

Sarah a Young

Father's

Name

David Young

Mother's

Name

Elizabeth Young

Cause of

Primary

Cancer of rectum

How long sick

Two years

Death

Immediate


Gangreen

Accident, Suicide, Homicide

Reported by

E D Crook

Address

Winfield  Carroll Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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